# Conclusion

# Chapter 4

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services within the North Carolina Department of Health and Human Services asked the North Carolina Institute of Medicine (NCIOM) to convene a task force to review the state's current suicide prevention and intervention system and identify strategies to enhance the system to better meet the needs of North Carolinians. The Task Force focused on identifying key elements of a statewide suicide prevention and intervention plan. This final report provides a description of existing services and gaps in the current system, and includes eight recommendations to ensure that a statewide suicide prevention and intervention plan is adequate to meet the needs of North Carolinians.

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Suicide death is one of the top 10 leading causes of death for people ages 5-64 in North Carolina. Each year more than 1,000 North Carolinians die from suicide, more than 6,000 people are hospitalized due to self-inflicted injuries, and more than 8,000 are treated in emergency departments.[1] Suicide deaths in the state resulted in more years of potential life lost for individuals under age 65 than homicide, congenital abnormalities, cerebrovascular disease, human immunodeficiency virus (HIV), or diabetes mellitus.[2] What distinguishes suicide deaths from most other deaths is that suicide deaths are entirely preventable.

Many people who die by suicide have an underlying mental illness or substance use disorder. National data suggest that 90% of suicides are associated with some form of mental illness.[3] In North Carolina, 37% of the males and 67% of the females who died by suicide from 2004-2008 were in current treatment for a mental illness at the time of their death. Others had indications of mental health problems.[1] However we know that the North Carolina data is likely to be an underreporting of the connection between suicide deaths (or suicide attempts) and mental health or substance use disorders. The North Carolina Violent Death Reporting System relies on law enforcement interviews with survivors (those who knew the victim) to try to gather background information about suicide deaths, and the people who provide the information may not know, or feel comfortable revealing, the underlying mental health or substance use status of the person who died.

This report focuses on the role that the state Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and the Division of Medical Assistance (DMA) can play at the state level in reducing suicide deaths and suicide risk. The report also focuses on the role of Local Management Entities/Managed Care Organizations (LME/MCOs) and contracting behavioral health providers in helping identify people at risk of suicide, and to ensure they get into appropriate evidence-based crisis services or treatment. This plan comes at a critical juncture as North Carolina transitions its publicly funded MH/DD/SA system from a loosely organized, fee-for-service system to a more tightly coordinated managed care system. DMA and DMH/